

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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TOTAL IND.			↓		↓		↓
TOTAL DEP.			←	5	←		←
TOTAL CLAIMS			b				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
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100							
TOTAL IND.				↓			↓
TOTAL DEP.			←		←		←
TOTAL CLAIMS							